

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-375)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2	/		/				52						
3	/		/				53						
4	/		/				54						
5	/		/				55						
6			/				56						
7			/	/			57						
8			/	/			58						
9			/	/			59						
10	/		/	/			60						
11	/		/	/			61						
12	/		/	/			62						
13	/		/	/			63						
14	/		/	/			64						
15	/		/	/			65						
16	/		/	/			66						
17	/		/	/			67						
18	/		/	/			68						
19	/		/	/			69						
20	/		/	/			70						
21	/		/	/			71						
22	/		/	/			72						
23	/		/	/			73						
24	/		/	/			74						
25	/		/	/			75						
26	/		/	/			76						
27	/		/	/			77						
28	/		/	/			78						
29							79						
30							80						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						